



City of Hutchins
321 North Main St.
HUTCHINS, TX 75141
972-225-3311

AMBULANCE RECORD

6778032 (wpharvill)
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Sequence Chart

Date	Time	Event	By	Description
07-22-2011	03:05	Dispatched		
07-22-2011	03:09	Enroute		
07-22-2011	03:12	On Location		
07-22-2011	03:23	Patient Contact		
07-22-2011	03:25	Other Event		Moved patient out of cell
07-22-2011	03:30	Vitals	TD P	BP 136/108, Pulse 127, Respirations 12, SPO2 80% on RA taken by Pressler, Terry D.
07-22-2011	03:31	Oxygen	WP H	15.00 LPM per on Scene medical direction. The Patient's condition was .
07-22-2011	03:33	Vitals	WP H	BP 134/106, Pulse 124, Respirations 12, SPO2 96% on O2 taken by Harvill, William P.
07-22-2011	03:33	Blood Sugar Level	TD P	Blood Sugar monitoring was performed by Pressler, Terry D and found to be 200 mg/dL.
07-22-2011	03:33	Other Event	WP H	Temp 106 Degree F
07-22-2011	03:34	EKG	WP H	Sinus Tachycardia.
07-22-2011	03:35	IV/IO	TD P	A 18g was attempted by Pressler, Terry D without success. Blood was not drawn.
07-22-2011	03:36	Departed Location		
07-22-2011	03:37	Cold Pack	WP H	Neck and under arms
07-22-2011	03:40	Report Called	WP H	Report Called to RN via Phone.
07-22-2011	03:54	Arrived Destination		
07-22-2011	03:54	Assessment	WP H	Patient never changed condition
07-22-2011	03:54	Vitals	WP H	BP 134/106, Pulse 122, Respirations 12, SPO2 97% on O2 taken by Harvill, William P.
07-22-2011	04:21	In Service		

Patient Assessment at Destination

LOC AAOx1	BP 132/106	SpO2 97% O2	ETCO2	
Breath Sounds Upper Left: Clear Right: Clear	Breath Sounds Lower Left: Clear Right: Clear		Resp Rate 12	Pulses Left: Radial Right: Radial
Pulse Rate 122	Pupils Left: Fixed,Dilated Right: Fixed,Dilated	Capillary Refill 1-2 seconds		
Skin Color Pale	Skin Moisture Moist	Skin Temp Hot	Skin Appearance	
Blood Glucose 200 mg/dL				

Electronically Signed

Harvill, William P (EMT-P) Pressler, Terry D (EMT-P)
Crew #1 Crew #2

Patient Name: McCollum, Larry | Incident Date: 07-22-2011

APPENDIX 1187

003013



City of Hutchins
321 North Main St.
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Narrative

Subjective:

Medic 701 dispatched to convulsions/seizure call and found male patient complaining of Convulsions/Seizure. Bystander states loss of consciousness. Bystander witnessed seizure activity.

Objective:

Patient offered no communication. Upon EMS arrival, patient was lying supine. Patient had an irregular gait. Patient was unconscious.

Systemic Information - Assessment

Skin: Hot Wet
Head / Neck: Temp 106 degree F
Chest: Clear
Abdomen: Soft
Extremities: FULL ROM
Head/Face: Normal
Neck: Normal
Heart: Normal
Abdomen Left Upper: Normal
Abdomen Left Lower: Normal
Abdomen Right Upper: Normal
Abdomen Right Lower: Normal
GU Assessment: Normal
Back Cervical: Normal
Back Thoracic: Normal
Back Lumbar/Sacral: Normal
Extremities-Right Upper: Normal
Extremities-Right Lower: Normal
Extremities-Left Upper: Normal
Extremities-Left Lower: Normal

General: AAOx1, Initial BP 136/108, Pulse 127, Respirations 14 and snoring
Monitors: SPO2 80% RA

Assessment:

Plan:

Male patient found complaining of Convulsions/Seizure postictal. Initial assessment as indicated. Pulse rate was 127. Respirations were 14 and snoring. Initial blood pressure was 136/108. Initial SpO2 was 80% RA. Patient contact made at time indicated above. Oxygen was applied at 15 LPM via Re-breather mask. The patient's condition Improved. Blood Sugar monitoring was performed by Pressler, Terry D (EMT-P) and found to be 200 mg/dL. An EKG was performed by Harvill, William P (EMT-P). The patient's rhythm was Sinus Tachycardia in lead IIA 18g Ante cubital-Left IV was attempted by Pressler, Terry D (EMT-P) without success. Cold pack applied to Neck and under arms. A patient report was called in to the receiving facility. An additional assessment was performed, as indicated. Patient was transported lights & sirens to Parkland Hospital East ER and released to staff. Upon transfer of patient care to ED staff, the patient's symptoms remained unchanged.

Electronically Signed

Harvill, William P (EMT-P) Pressler, Terry D (EMT-P)
Crew #1 Crew #2

Patient Name: McCollum, Larry | Incident Date: 07-22-2014 **APPENDIX 1188**

003014



City of Hutchins
321 North Main St.
HUTCHINS, TX 75141
972-225-3311

AMBULANCE RECORD

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Image 1/1

Assignment of Benefits/HIPAA Acknowledgement Form

I understand that I am financially responsible for the services provided to me by City of Hutchins. I request that payment of authorized Medicare, Medicaid, or other insurance benefits be made on my behalf to City of Hutchins for any services provided to me by City of Hutchins now or in the future. I agree to immediately remit to City of Hutchins any payments that I receive directly from any source whatsoever for the services provided to me now or in the future. I assign all rights and/or benefits to such payments to City of Hutchins for compensation of services provided to me now or in the future.

I authorize and direct any holder of medical information or documentation about me to release such information to the Centers for Medicare and Medicaid Services and its carriers and agents, and/or City of Hutchins and its billing agents, and/or any other payers or insurers, as may be necessary to determine these benefits or other benefits payable for services provided to me by.

☒ Yes, I acknowledge that I have received a copy of City of Hutchins Notice of Privacy Practices.

A copy of this form is as valid as the original.

Patient Release of Responsibility

____ (Patient's initials) I have been informed of the reason the emergency medical personnel feel that I should go to the emergency center for further evaluation.

____ (Patient's initials) I have been informed of the evaluation and/or treatment that may/will occur at the emergency center.

____ (Patient's initials) I have been informed of the consequences and/or complications that may result due to my refusal to go to the emergency center for further evaluation.

Initial one of the following:

____ I, the undersigned, have been advised that emergency medical treatment on my/the patient's behalf is necessary, and that refusal of recommended treatment and transport to an emergency center may result in death, or imperil my/the patient's health by increasing the opportunity for morbidity. Nevertheless, and understanding all of the above, I refuse to accept further emergency medical treatment and/or transportation to an emergency center, assume all risks and consequences resulting from my decision and release Provider Name and its member(s) from any and all liability which may occur from my decision not to accept their recommendation.

____ I accept transport only and refuse all treatment and/or specific treatments which they may render. I have been advised of the possible consequences that may result from the decision not to accept further treatment, and release City of Hutchins and its member(s) from any and all liability that may occur. (Note treatment refused in narrative.)

As a competent adult, I fully understand all of the above, and I am capable of making a rational decision on my behalf.

Witness: _____

Date: _____

EMS Assessment

____ Patient was AAO x3

____ Patient denied ETOH or drug use

____ Patient denied suicidal/homicidal ideation

Crew Signature: _____

Electronically Signed

Harvill, William P (EMT-P) Pressler, Terry D (EMT-P)
Crew #1 Crew #2

Patient Name: McCollum, Larry | Incident Date: 07-22-2014

APPENDIX 1190

003016



City of Hutchins
321 North Main St.
HUTCHINS, TX 75141
972-225-3311

**AMBULANCE
RECORD**

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Signatures

Patient Representative
In Custody
Law Enforcement

Signatures

Facility Representative

Electronically Signed

Harvill, William P (EMT-P) Crew #1 Pressler, Terry D (EMT-P) Crew #2

Patient Name: McCollum, Larry | Incident Date: 07-22-2014

APPENDIX 1191

003017

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

STEPHEN MCCOLLUM, *et al.*,
Plaintiffs,

v.

BRAD LIVINGSTON, *et al.*,
Defendants.

§
§
§
§
§
§
§
§
§

CIVIL NO. 4:14-CV-3253

Exhibit 34

AFFIDAVIT**THE STATE OF TEXAS**§
§
§**COUNTY OF WALKER**

BEFORE ME, the undersigned authority, personally appeared **Devoriah Nauls**, who, being by me duly sworn, deposed as follows:

"My name is **Devoriah Nauls**, and I am over the age of eighteen (18), of sound mind, competent and capable of making this affidavit, and personally acquainted with the facts herein stated:

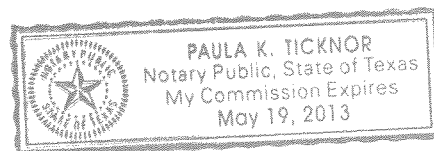
I am the Correctional Clinical Associate at The University of Texas Medical Branch - Correctional Managed Care, Health Services Archives and my office is located in Huntsville, Texas. In this capacity, I am the individual who can authenticate and certify as official, copies of medical records at the **TDCJ Health Services Archives**. Attached hereto are **343** pages of records, time period **July 1, 2002** to **January 15, 2004** and **July 15, 2011** to **July 28, 2011** from the medical records of **Larry G. McCollum, TDCJ # 1721640**. These said records are kept in the regular course of business by an employee or representative of UTMB-Correctional Managed with knowledge of the act, event, condition, opinion or diagnosis, recorded or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original medical records maintained by **TDCJ Health Services Archives**".

Devoriah Nauls
Devoriah Nauls

State of Texas,
County of Walker

Before Me Paula K. Ticknor on this day personally appeared Devoriah Nauls, known to me through her Texas Driver's License to be the person whose name is subscribed to the foregoing instrument and acknowledge to me that she executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this 12th day of July, A.D., 2012





SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS

Office of the Medical Examiner
Autopsy Report



COPY
DALLAS COUNTY
INSTITUTE OF FORENSIC SCIENCES

Case: IFS-11-10161 - ME

172 1640

Decedent: McCollum, Larry Gene 58 years White Male DOB: 04/04/1953

Date of Death: 07/28/2011 (Actual)

Time of Death: 11:35 PM (Actual)

Examination Performed: 07/29/2011 09:30 AM

ORGAN WEIGHTS:

Brain: 1,600 g	Right Lung: 700 g	Right Kidney: 260 g
Heart: 550 g	Left Lung: 500 g	Left Kidney: 280 g
Liver: 2,590 g	Spleen: 250 g	

EXTERNAL EXAMINATION

The body is identified by tags. Photographs and fingerprints are taken.

The body is received nude. No personal effects or jewelry are present on the body.

The body is that of a normally-developed white male which appears consistent with the recorded age of 58 years. When nude, it measures 70 inches in length and weighs 345 pounds. There is good preservation in the absence of embalming. Rigor mortis is present. Lividity is located on the posterior body surfaces and blanches with pressure. The body is room temperature in the presence of minimal refrigeration.

The hairline is receding and there is short gray hair that is cut very close to the scalp. Mustache and beard stubble are on the face. The irides are brown and there are no petechiae of the bulbar or palpebral surface of the conjunctivae. The ears, nose, and lips are unremarkable. The mouth has natural dentition. The neck is without masses or unusual mobility. The chest and back are unremarkable. The abdomen is protuberant. The extremities are symmetric. The external genitalia, perineum, and anus are unremarkable.

A 1 inch area of indentation and red discoloration is on the right side of the forehead.

IDENTIFYING MARKS AND SCARS

A 3 inch linear scar is obliquely oriented on the right side of the abdomen.

A 2 inch linear scar is on the right temporal scalp.

EVIDENCE OF TREATMENT



Accredited by The National Association of Medical Examiners

RECEIVED

NOV 02 2011 *gm*

COPED AND SENT

McCollum 05628

IFS-11-10161

McCollum, Larry Gene



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- Cardiac monitor pads affixed to the chest
- Intravascular catheter in upper right arm
- Hospital band encircling left wrist
- Foley catheter
- Rectal catheter connected to plastic bag containing fecal material
- Needle puncture surrounded by ecchymosis in the left inguinal region
- Needle punctures in the right inguinal region, with extravasated blood within the soft tissue and musculature surrounding the right inguinal canal

EVIDENCE OF INJURY

A 1/4 inch purple contusion is on the superior aspect of the bridge of the nose.

Reflection of the scalp reveals a 3 cm area of hemorrhage in the left temporalis muscle along the parietal bone. A 1 inch purple contusion with central abrasion is immediately inferior to the left external ear. Deep to this is a 4 cm area of hemorrhage within the underlying soft tissue.

A 2 cm purple contusion is on the left supraclavicular region. A 2 inch purple to yellow contusion is on the right upper abdomen near the subcostal margin. A few purple contusions measuring between 1 and 2 cm each are on the left side of the chest. A 1/2 inch red abrasion is on the front of the proximal left forearm. A 2 inch purple contusion is on the posterior aspect of the left thigh.

INTERNAL EXAMINATION

BODY CAVITIES: Approximately 300 cc of tan clear fluid are within each pleural cavity. The pericardial and peritoneal cavities contain no adhesions or abnormal collections of blood or other fluid.

HEAD: See EVIDENCE OF INJURY. The dura and dural sinuses are unremarkable. There are no epidural, subdural or subarachnoid hemorrhages. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical, with flattened gyri and effaced sulci. There is mild notching of the parahippocampal gyri. The cerebellar tonsils are soft; sections reveal friable, tan-red necrotic parenchyma. The cranial nerves and blood vessels are unremarkable. Sections through the brainstem are unremarkable. Sections through the cerebral hemispheres exhibit diffuse blurring of the gray-white matter junctions. There are no hemorrhages in the deep white matter or the basal ganglia. The cerebral ventricles contain no blood. The spinal cord, as viewed from the cranial cavity, is unremarkable.

NECK: The soft tissues and prevertebral fascia are unremarkable. The hyoid bone and laryngeal cartilages are intact. The lumen of the larynx is not obstructed.

CARDIOVASCULAR SYSTEM: The intimal surface of the abdominal aorta is free of significant atherosclerosis. The aorta and its major branches and the great veins are normally distributed and unremarkable. The pulmonary arteries contain no thromboemboli. The heart is markedly enlarged, with normal contours. The pericardium, epicardium, and endocardium are smooth, glistening, and unremarkable. There are no thrombi in the atria or ventricles. The foramen ovale is closed. The coronary arterial system is free of significant atherosclerosis. The atrial and ventricular septa are intact. The cardiac valves are unremarkable. The myocardium is dark red-brown and firm, and there are no focal



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McCollum, Larry Gene



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abnormalities.

RESPIRATORY SYSTEM: The upper airway is unobstructed. The laryngeal mucosa is smooth and unremarkable, without petechiae. The pleural surfaces are smooth and glistening. The major bronchi are unremarkable. Sectioning of the lungs discloses a dark red-blue, moderately congested parenchyma.

HEPATOBIILIARY SYSTEM: The liver is covered by a smooth, glistening capsule. The parenchyma is dark red-brown and moderately congested. The gallbladder contains approximately 10 cc of dark green bile, and one dark green cholesterol stone measuring approximately 2 inches in greatest dimension.

GASTROINTESTINAL SYSTEM: The tongue is grossly normal both externally and upon sectioning. The esophageal mucosa is gray, smooth, and unremarkable. The stomach is empty. There are no tablets or capsules. The gastric mucosa has normal rugal folds, and there are no ulcers. The small and large intestines are externally unremarkable. The appendix is absent. The pancreas is unremarkable externally and upon sectioning.

GENITOURINARY SYSTEM: The capsules of both kidneys strip with ease to reveal smooth and slightly lobulated surfaces. The cortices are of normal thickness, with well-demarcated corticomedullary junctions. The calyces, pelvis, and ureters are unremarkable. The urinary bladder is empty. The mucosa is gray, smooth, and unremarkable. The prostate gland is unremarkable both externally and upon sectioning.

ENDOCRINE SYSTEM: The thyroid and adrenal glands are unremarkable externally and upon sectioning.

LYMPHORETICULAR SYSTEM: The spleen is covered by a smooth, blue-gray, intact capsule. The parenchyma is dark red. The cervical, hilar, and peritoneal lymph nodes are unremarkable.

MUSCULOSKELETAL SYSTEM: The clavicles, ribs, sternum, pelvis, and vertebral column have no fractures. The diaphragm is intact.

MICROSCOPIC EXAMINATION:

Heart: myocyte hypertrophy; increased interstitial and perivascular fibrosis.

Lung: vascular congestion.

Liver: moderate macrovesicular steatosis, mild focal centrilobular necrosis.

Kidney: No significant pathologic alteration is identified.

Spleen: diffuse hypocellularity with depletion of both the red and white pulp.

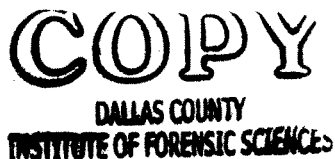


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McCollum, Larry Gene

TOXICOLOGY:



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Evidence Submitted:

The following items were received by the Laboratory from the Office of the Medical Examiner:

- 004: Biohazard Bag
- 004-001: Blood, femoral - gray top tube
- 004-002: Blood, femoral - gray top tube
- 004-003: Blood, femoral - gray top tube
- 004-004: Blood, femoral - gray top tube
- 004-005: Blood, femoral - red top tube
- 004-006: Vitreous - red top tube
- 004-007: Skeletal muscle - plastic tube

Blood, postmortem

Acid/Neutral Screen (GC/MS)
negative (004-001)

Alcohols/Acetone (GC)
negative (004-002)

Alkaline Quantitation (GC, GC/MS)
negative (004-001)

Opiate Narcotics (GC/MS)
0.107 mg/L morphine (004-002)

Vitreous

Alcohols/Acetone (GC)
negative (004-006)

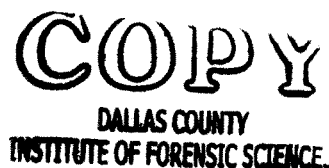
Opiate Narcotics (GC/MS)
0.046 mg/L morphine (004-006)



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McCollum, Larry Gene



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FINDINGS:

1. Hyperthermia

- a. History that the decedent was in a hot environment without air conditioning, and was witnessed to collapse with seizure activity.
- b. History that the decedent presented to the Emergency Department unresponsive, with a body temperature of 109.4 degrees Fahrenheit.
- c. Hospital course complicated by
 1. hypoxic-ischemic encephalopathy
 2. disseminated intravascular coagulation
 3. shock
 4. multi-system organ failure
- d. Brain swelling
 1. transtentorial herniation
 2. cerebellar tonsillar herniation and acute necrosis
 3. hypoxic-ischemic encephalopathy

2. History of hypertension

- a. Cardiac hypertrophy (heart weight = 550 grams)
- b. History of treatment with hydrochlorthiazide

3. Morbid obesity (Body mass index = 49.5)

4. Contusions of scalp and face

5. Subgaleal hemorrhage

6. No significant injuries

CONCLUSIONS:

Based on the autopsy and the history available to me, it is my opinion that Larry Gene McCollum, a 58-year-old white male, died as the result of hyperthermia. The decedent was in a hot environment without air conditioning, and he may have been further predisposed to developing hyperthermia due to morbid obesity and treatment with a diuretic (hydrochlorthiazide) for hypertension.

MANNER OF DEATH: Accident



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IFS-11-10161

McCollum, Larry Gene

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10/26/2011

Keith Pinckard, M.D., Ph.D.

Medical Examiner



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TEXAS UNIFORM HEALTH STATUS UPDATE

I. NAME: McCollum Larry G. DOB: 4/04/53 AGE: 58
 Last First MI
 STATE ID# 3950494 RACE: W SEX: Male ☒ Female ☐
 COUNTY/TDCJ# 34610 WT. 330 HT: 5'10

II. CURRENT/CHRONIC HEALTH PROBLEMS

A. Health Problems

- ☐ 1. None
☐ 2. Asthma
☐ 3. Pregnancy
☐ 4. Dental Priority
☐ 5. Diabetes
☐ 6. Drug Abuse
☐ 7. Alcoholism
☐ 8. Orthopedic Problems
☐ 9. Cardiovascular/Heart Trouble
☐ 10. Suicidal
☐ 11. Mental Retardation
☐ 12. Mental Illness (Specify diagnosis) _____
☐ 13. Recent Surgery
☐ 14. Seizures
☐ 15. Dialysis
☒ 16. Hypertension
☒ 17. CARE System Y/R

III. SPECIAL NEEDS (Check all that apply)

A. Housing Restrictions

- ☒ 1. None
☐ 2. Skilled Nursing Facility
☐ 3. Extended Care Facility
☐ 4. Psychiatric Inpatient Facility
☐ 5. Respiratory Isolation
☐ 6. Other.

B. Transportation

- ☒ 1. Routine
☐ 2. Crutches/Cane
☐ 3. Ambulance
☐ 4. Wheelchair/Wheelchair Van
☐ 5. Prosthesis:

C. Pending Specialty Clinic Appointment

None ☒ Type _____D. ALLERGIES NKA

*NOTE When screening substance abuse facility clients, please contact the TDCJ-ID Health Services Liaison at (936)437-3589 for clients with any chronic disease symptoms deemed unstable.

NKA _____

B. Preventive Medicine

☒ 1. Tuberculosis StatusSkin Test: Date Given: 6/24/11 Date Read: 6/27/11 Results 0 mm*X-Ray: Date: /// Normal ☐ Abnormal ☐ Anti-TB Treatment? No ☐ Yes ☐☐ 2. Hepatitis: A ☐ B ☐ C ☐ Other: _____☐ 3. HIV Antibody: Test Date: /// Results: Neg ☐ Pos ☐ CD4: ///☐ 4. Syphilis: Date: /// Type: /// Treatment Completed: ☐ Yes ☐ No

*NOTE: If any treatment has been recommended, the X-Ray was abnormal, or skin test indicates infection please attach tuberculosis record.

C. Other Health Care Problems: none

IV. CURRENT PRESCRIBED MEDICATIONS

None _____

Medication	Dosage	Frequency
<u>Clonidine</u>	<u>0.1mg ÷ tab P.O</u>	<u>PEN 7 BP</u>

THIS FORM MUST ACCOMPANY ALL OFFENDERS TRANSFERRED TO AND FROM ALL TEXAS CRIMINAL JUSTICE ENTITIES

COMPLETED BY: Shelia Smith RN DATE: 7/15/11PHONE NUMBER: 254-757-2555 FACILITY: McLennan County Jail

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 07/18/2011 12:35:00

HUTCHINS (HJ)
CID

LABORATORY DIRECTOR

TB SKIN TEST

MRN : 1721640 Accession: 33015661 Age : 58 Years
 Patient Name: MCCOLLUM, LARRY G Sex : Male
 Home Phone : Work : () -
 Admitting MD: UNKNOWN UNKNOWN Phone:
 Attending MD: UNKNOWN UNKNOWN Phone:
 Referring MD: Phone:
 Ordering MD : Phone:

Tech : VELVA L MCKINNEY L.V.N. Verifier: VELVA L MCKINNEY L.V.N.
 Collection Time: 07/18/2011 12:35
 Result Time : 08/01/2011 12:35
 Report Time : 08/01/2011 12:35
 Comment:

Test	Result	Abn	Normal Range	Units
MFG			-	
LOT #			-	
DOSE			-	
SITE			-	
ROUTE			-	
PPD READ	0 mm		-	
REFUS SIGN			-	

This document has been sent for signature, but has not yet been reviewed

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58

Correctional Managed Care CID INTAKE INTERVIEW

Patient Name: McCullum, LarryTDCJ #: 1721640

Date: 07/15/2011 _____

Facility: HUTCHINS (HJ) _____

Vitals BP: _____ Wt: _____ Height: _____ Pulse: _____ Resp: _____ Temp: _____

Patient Language: _____

Name of interpreter, if required: NA

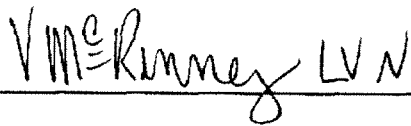
S:	CHIEF COMPLAINT:				CID intake processing including pre-test HIV counseling
O:	YES	NO	REFUSED	N/A	Mark "Yes", "No" or "Refused" for the following:
	X				HIV - Patient verbally agrees to HIV testing per state law (if yes mark Plan line 1a, if no or refused obtain HSM-82 and mark Plan line 10)
	X				RPR - RPR test is required by state and policy/procedure #14 12 (if yes mark Plan line 1b, if no or refused obtain HSM-82)
		X			MMR - Born after 1956 - 1953
	X				MMR - Attended Texas Schools (if no mark Plan line 2, or obtain refusal HSM-82)(If pregnant, mark N/A)
		X			HBV - Allergic to yeast
		X			HBV - Hepatitis B vaccine available - If no skip next two lines
					HBV - Agrees to Hepatitis B vaccine (if yes mark Plan line 3, if no obtain "Refusal of HBV Vaccine" HSM-98)
					HBV - Consent for hepatitis B vaccine signed (form 100E) or refusal signed
		X			TB - History of positive TB skin test - written documentation (if no and less than 45 years of age mark Plan line 4, if yes or refused mark Plan line 5)
					TB - If yes - date _____ CPX _____ months (if CPX taken less than 6 months or currently taking CPX mark Plan line 6)
					TB - Patient 45 years of age or older and no documentation available to verify a previous positive Mantoux skin test (if yes, mark Plan line 11)
	X				Tetanus & Diphtheria - Verbally agrees to Tetanus and Diphtheria Toxoid Booster (mark Plan line 7 if yes, if no or refused obtain HSM-82)
	YES	NO	UNKNOWN		
	X				History of varicella (if yes mark Plan line 9 to add alert code 5290 to MPL/Problem list, if no mark MPL/Problem list for possibly susceptible)
					If female, is patient pregnant? If yes how many weeks: _____ (if yes or unknown mark Plan line 8)
A:					Alteration Health Maintenance

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Correctional Managed Care CID INTAKE INTERVIEW

P:	PLAN:	
	<input checked="" type="checkbox"/>	1a Obtain order for lab to draw HIV
	<input checked="" type="checkbox"/>	1b Obtain order for lab to draw RPR
		2 Obtain order for MMR 0 5cc vaccine sub q
		3 Obtain order for Hepatitis B vaccine 20mcg/1ml – administer hep B vaccine at 0, 1 and 6 months if indicated per TDCJ policy
	<input checked="" type="checkbox"/>	4 Obtain order for PPD 0 1cc ID (L) forearm and will check within 48-72 hours
		5 Obtain order for CXR single view
		6. Refer to provider to schedule for ITP/TB Chronic Clinic
	<input checked="" type="checkbox"/>	7 Obtain order for Tetanus and Diphtheria Toxoid Booster 0 5cc vaccine IM
	<input checked="" type="checkbox"/>	8. Refer to provider to schedule appointment
	<input checked="" type="checkbox"/>	9 Add alert code 5290 to MPL/Problem List
	<input checked="" type="checkbox"/>	10 Add alert code 1112 to MPL/Problem List (indicates HIV high risk screening completed)
	<input checked="" type="checkbox"/>	11 Obtain order for two-step Mantoux skin test (PPD 0 1cc ID (L) forearm and will check within 48-72 hours. If the reaction is lesser than 10 mm of induration, the second step is administered one to two weeks later)
	REFER TO PROVIDER:	
	<input checked="" type="checkbox"/>	1a Order for lab to draw HIV
	<input checked="" type="checkbox"/>	1b Order for lab to draw RPR
		2. Order for MMR 0 5cc vaccine sub q
		3 Order for Hepatitis B vaccine 20mcg/1ml – administer hep B vaccine at 0, 1 and 6 months if indicated per TDCJ policy
	<input checked="" type="checkbox"/>	4 Order for PPD 0 1cc ID (L) forearm and will check within 48-72 hours
		5. Order for CXR single view
		6 Schedule appointment for ITP/TB Chronic Clinic
	<input checked="" type="checkbox"/>	7 Order for Tetanus & Diphtheria Toxoid 0 5cc vaccine IM
<input checked="" type="checkbox"/>	8 Schedule appointment with provider	
	9. Administer flu vaccine 0 5 CC IM x 1 if indicated per TDCJ policy	
<input checked="" type="checkbox"/>	10 Order for two-step Mantoux skin test (PPD 0 1cc ID (L) forearm and will check within 48-72 hours. If thereaction is lesser than 10 mm of induration, the second step is administered one to two weeks later)	

Nurse Signature: _____


Date / Time: 07/15/2011 @ 0900

Scanned by GUZMAN, SANDRA in facility HUTCHINS (HJ) on 07/28/2011 08:48

**aged Care
CID ABSTRACT OF IMMUNIZATIONS
Tuberculin Skin Tests**Patient Name McCollum, Larry TDCJ # 1721641

Date 07/15/2011 Facility HUTCHINS (HJ)

Vitals BP _____ Wt _____ Height _____ Pulse _____ Resp _____ Temp _____

Patient Language: _____ Name of interpreter, if required: NA

MANTOUX PPD

DATE/TIME GIVEN	MFG/LOT #	LFA	RFA	ROUTE
07/15/2011	JHP PHARM 148613			Intradermally

IMMUNIZATIONS

DATE/TIME GIVEN	MFG/ LOT #	DOSE	ROUTE	TYPE OF VACCINE	SITE	REACTION	SIGNATURE/ TITLE
07/15/2011	SANOI-PAST U3399AA	0.5 MI	IM	Td Booster	<input checked="" type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid	NARN	VMC Ring LVN
		0.5 mL	<input type="checkbox"/> Sub Q <input type="checkbox"/> IM	Pneumococcal Vaccine	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid <input type="checkbox"/> Outer aspect of L or R upper arm		
		0.5 mL	IM	Influenza	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid		
		1.0 mL	IM	Hepatitis A #1 Vaccine	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid		
		1.0 mL	IM	Hepatitis A #2 Vaccine	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid		
		0.5 mL	Sub Q	Meningococcal	<input type="checkbox"/> Outer aspect of L or R upper arm		
		0.5 mL	Sub Q	Varicella #1	<input type="checkbox"/> Outer aspect of L or R upper arm		
		0.5 mL	Sub Q	Varicella #2	<input type="checkbox"/> Outer aspect of L or R upper arm		
		1.0 mL	IM	Hepatitis B #1 Vaccine	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid		
		1.0 mL	IM	Hepatitis B #2 Vaccine	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid		
		1.0 mL	IM	Hepatitis B #3 Vaccine	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid		
		0.5 mL	Sub Q	Measles/Mumps Rubella (MMR)	<input type="checkbox"/> Outer aspect of L or R upper arm		

Nurse Signature

VMC Ring LVN

Date / Time 07/15/2011 @0900

HSM-2
05/01/2009

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aged Care
CID CLINIC NOTE
HIV PRE-TEST COUNSELING

Patient Name McCollum, LarryTDCJ # 1721640Date 07/15/2011Facility HUTCHINS (HJ)

Vitals BP _____ Wt _____ Height _____ Pulse _____ Resp _____ Temp _____

Patient Language:		Name of interpreter, if required: NA	
S:	Chief Complaint:	<input checked="" type="checkbox"/>	Patient offered HIV testing per policy 14 11
		<input checked="" type="checkbox"/>	Pre-release HIV test
		<input type="checkbox"/>	Patient requesting HIV test
		<input type="checkbox"/>	Patient reported history of previous positive HIV test
		<input type="checkbox"/>	Other (specify)
O:	Yes	No	Mark "Yes" or "No" for the following:
		<input checked="" type="checkbox"/>	Patient is symptomatic (list symptoms)
		<input checked="" type="checkbox"/>	The patient requests HIV testing and gave a history of the following risk factors
		<input checked="" type="checkbox"/>	Injected nonprescription drugs
		<input checked="" type="checkbox"/>	Unprotected sexual activity with multiple sex partners (male and/or female)
		<input checked="" type="checkbox"/>	Tattoo
		<input checked="" type="checkbox"/>	Patient received blood transfusions or blood products
		<input checked="" type="checkbox"/>	The patient's TB skin test was positive
		<input checked="" type="checkbox"/>	Exposed staff to blood or other potentially infectious body fluids
		<input checked="" type="checkbox"/>	Patient was potentially exposed to blood and/or body fluids
	<input checked="" type="checkbox"/>		Patient offered HIV testing per policy 14 11
A:	<input checked="" type="checkbox"/>		Knowledge deficit
	<input checked="" type="checkbox"/>		High risk
P:	Yes	No	Mark "Yes" or "No" for the following:
	<input checked="" type="checkbox"/>		HIV pre-test counseling and HIV antibody testing is offered
	<input checked="" type="checkbox"/>		Discuss HIV prevention recommendations 1 Behave as if positive 2 Abstinence from sex, drugs and tattooing 3 Mutually monogamous relationships
	<input checked="" type="checkbox"/>		Review partner notification procedures should the patient test positive
	<input checked="" type="checkbox"/>		The patient gave their verbal consent for HIV antibody testing (If consent given, obtain provider order for HIV testing)
		<input checked="" type="checkbox"/>	The patient refused HIV antibody testing Obtain their signature on a Refusal of Treatment form (HSM-82)
	<input checked="" type="checkbox"/>		Health teaching offered stressing the importance of plan of care compliance
	<input checked="" type="checkbox"/>		If potential exposure, report incident to Preventive Medicine department
<input checked="" type="checkbox"/>		Patient verbalized level of understanding of the testing procedure, confidentiality and that they would not be rescheduled to receive negative test results, but only for positive or equivocal indeterminate results	

Nurse Signature. VMERding LVNDate / Time 07/15/2011 @ 0900

05/01/2009

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CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name McCollum Lang

TDCJ No Intake

Unit: HUTCHINS STATE JAIL NKA

Date & Time	NOTES
7-15-11 S 1230	Offenders received from: <u>McClennan</u> With history of: <u>HTN</u>
	OA See HSM-13 and Texas Health Status Updated for current orders from county
	P Current medication orders as per HJ providers.
	V O T Orig, MD <u>A. Babbili, PA-C</u> / N. Beckstrom, NP
	<u>Discontinue</u> <u>Start Hctz 25mg X 1 PO</u> <u>9 AM X 30d</u> <u>Babbili PA-C</u>
	Medication Pass issued to Offender <u>YES</u> <u>NO</u> <u>via dw</u>

Please sign each entry with status

HSM - 1 (Rev. 5/92)

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CORRECTIONAL MANAGED CARE
INTAKE HISTORY AND HEALTH SCREENING

1721640

I. IDENTIFICATION

NAME: McCollum, Larry OCCUPATION: Driver EDUCATION: High School
 DOB: 04/04/53 COUNTY: McLennan PREVIOUS TDCJ #(s): _____

II. FAMILY HISTORY

1 Blood disease (sickle cell anemia, hemophilia)	YES	NO	18 INH Prophylaxis	YES	NO
2 Cancer	YES	NO	19 Intravenous Drug Abuse	YES	NO
3 Diabetes	YES	NO	20 Kidney Disease	YES	NO
4 Heart Disease	YES	NO	21 Liver Disease	YES	NO
5 High Blood Pressure	YES	NO	22 Mental Illness	YES	NO
6 Tuberculosis	YES	NO	23 Non Intravenous Drug Abuse/Alcoholism	YES	NO

III. PERSONAL HISTORY

11 D 1 Asthma/Emphysema	YES	NO	24 Peptic Ulcers	YES	NO
2 Back Injury	YES	NO	25 Rheumatic Fever	YES	NO
3 Blood Disease (sickle cell anemia, hemophilia)	YES	NO	26 Rheumatism/Arthritis	YES	NO
4 Cancer	YES	NO	27 Seasonal Allergies	YES	NO
5 Cavities	YES	NO	28 Sexually Transmitted Diseases	YES	NO
6 Depression/Suicide Attempt	YES	NO	29 Smoker	YES	NO
7 Diabetes	YES	NO	30 Tetanus Immunization Date	YES	NO
8 Drug/Food Allergies	YES	NO	31 Tuberculosis	YES	NO
9 Epilepsy/Seizures	YES	NO	32 Unprotected Sex w/Multiple Partners	YES	NO
10 Glasses/Hearing Aid	YES	NO	33 Other	YES	NO
11 Gum disease	YES	NO	IV OBSTETRIC/GYNECOLOGIC AL HX	X	N/A
12 Head Injury	YES	NO	1 Date of last menstrual period		
13 Heart Disease/Angina	YES	NO	2 Number of pregnancies/live births		
14 Hepatitis	YES	NO	3 History of Problem pregnancy		
15 High Blood Pressure	YES	NO	4 Date of last pap smear		
16 HIV + / AIDS	YES	NO	5 Date of last mammogram		
Prior HIV Test Date		NO	6 History of birth control methods (IUD, pills, etc)		
17 Homosexual/Bisexual Activities		NO			

A. If YES to any of the above indicate family member or self, give date and treatment received

Father, BrotherB. History of hospitalization? ~~YES~~ NO
Please list the DATE, HOSPITAL, CONDITIONHillman HospitalC. Do you have any current medical, mental health or dental complaints? YES ~~NO~~

If yes, what

tooth pull, Depression

D. Have you experienced any of these symptoms cough, weakness, weight loss, fevers, night sweats, loss of appetite or lethargy?

YES NO If YES, when?E. What illegal drugs have you used? no

What was the mode(s) of use? (Please circle) Smoking Injection Inhaled Ingested

What amount and how often did you use drugs and alcohol?

When was the last time you used drugs or alcohol?

Have you ever had withdrawal or seizures when you stopped using drugs or alcohol? YES NO

F. Are you presently taking or supposed to be taking any prescribed medications? YES ~~NO~~

If YES, what

See Med Sheet

HSM-13 (6/06)

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CORRECTIONAL MANAGED CARE
INTAKE HISTORY AND HEALTH SCREENING

Reason for taking medications											
G	Observations	Tremor	YES	NO	Sweating	YES	NO	Other			
	Condition of skin	Cuts	YES	NO	Bruises	YES	NO				
		Sores	YES	NO	Other						
	Body & Movement	Deformities	YES	NO	Impaired Motor Activity	YES	NO				
		Other									
H	BEHAVIOR AND MENTAL STATUS										
	Hygiene & Appearance	<input checked="" type="checkbox"/> Clean, neat		Dirty, sloppy		Other					
	Orientation (ask questions and document response)										
		What is today's date?	7/15/11								
		What time is it?	Morning								
		What place is this?	Hutchins								
	Speech	<input checked="" type="checkbox"/> Normal		Loud		Soft		Mumbling		Other	
Attitude	<input checked="" type="checkbox"/> Appropriate		Laughing		Crying		Cursing		Quiet		Other
I	THOUGHT CONTENT (Please circle YES or NO)										
		Are you having current thoughts about suicide or self-injury?	YES	NO							
		Do you see or hear things that others do not see or hear?	YES	NO							
		Do you have any special powers abilities?	YES	NO							
		Do you receive personal messages from the TV or radio?	YES	NO							
		Do you have any phobias or excessive fears?	YES	NO							
J.	DISPOSITION										
	Routine referral to	<input checked="" type="checkbox"/> Medical		<input checked="" type="checkbox"/> Mental Health		<input checked="" type="checkbox"/> Dental		<input checked="" type="checkbox"/> CID			
	Immediate referral to	<input checked="" type="checkbox"/> Medical		<input checked="" type="checkbox"/> Mental Health		<input checked="" type="checkbox"/> Dental		<input checked="" type="checkbox"/> CID			
	Release to general population	<input checked="" type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		Other					

Offender Signature:	<i>Larry McCall</i>	Date:	7-15-11
Reviewer Signature:	<i>10. Reynolds</i>	Date:	7/15/11

*Accepted and
7/18/11*

HSM-13 (6/06)

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 07/20/2011 08:42:00

Lab Data Imported From and Tests Performed By:

LabCorp 1-800-292-4021

Patient Name : MCCOLLUM, LARRY G
 Patient Id : 1721640
 Patient Phone :
 Date of Birth : 04/04/1953
 SS# : 000-00-3517 Sex : Male

Ordering
 Physician : ORIG, TITO
 Facility : HUTCHINS (HJ)
 1500 E. LANGDON RD
 HUTCHINS TX 75241

Test Name	Result	ABN Flag	Unit	Reference Range
Accession: 32858464 Requisition: 32858464				
Drawn: 07/20/11 08:42 Received: 07/20/11 23:40 Reported: 07/21/11 08:43				

Procedure: CBC With Differential/Platelet

WBC	13.1	H	x10E3/uL	4.0-10.5
RBC	4.63		x10E6/uL	4.10-5.60
Hemoglobin	14.8		g/dL	12.5-17.0
Hematocrit	43.4		%	36.0-50.0
MCV	94		fL	80-98
MCH	32.0		pg	27.0-34.0
MCHC	34.1		g/dL	32.0-36.0
RDW	15.2	H	%	11.7-15.0
Platelets	204		x10E3/uL	140-415
Neutrophils	60		%	40-74
Lymphs	32		%	14-46
Monocytes	8		%	4-13
Eos	0		%	0-7
Basos	0		%	0-3
Immature Cells				
Neutrophils (Absolute)	7.7		x10E3/uL	1.8-7.8
Lymphs (Absolute)	4.3		x10E3/uL	0.7-4.5
Monocytes (Absolute)	1.1	H	x10E3/uL	0.1-1.0
Eos (Absolute)	0.0		x10E3/uL	0.0-0.4
Baso (Absolute)	0.0		x10E3/uL	0.0-0.2
Immature Granulocytes	0		%	0-2

Please note reference interval change

Immature Grans (Abs) 0.0 x10E3/uL 0.0-0.1

NRBC

Hematology Comments:

Procedure: Comp. Metabolic Panel (14)

Glucose, Serum	130	H	mg/dL	65-99
BUN	31	H	mg/dL	6-24
Creatinine, Serum	1.67	H	mg/dL	0.76-1.27
eGFR If NonAfrican Am	44	L	mL/min/1.73 m2	>59
eGFR If African Am	51	L	mL/min/1.73 m2	>59

Note: A persistent eGFR <60 mL/min/1.73 m2 (3 months or more) may indicate chronic kidney disease. An eGFR >59 mL/min/1.73 m2 with an elevated urine protein also may indicate chronic kidney disease.

Print Date: 07/21/2011 07:53

Page: 1/4

Data Imported From and Tests Performed By:

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Patient Name : MCCOLLUM, LARRY G
 Patient Id : 1721640
 Patient Phone :
 Date of Birth : 04/04/1953
 SS# : 000-00-3517 Sex : Male

Ordering

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 07/20/2011 08:42:00

Physician : ORIG, TITO
 Facility : HUTCHINS (HJ)
 1500 E. LANGDON RD
 HUTCHINS TX 75241

Test Name	Result	ABN Flag	Unit	Reference Range
Calculated using CKD-EPI formula.				
BUN/Creatinine Ratio	19			9-20
Sodium, Serum	133	L	mmol/L	135-145
Potassium, Serum	3.5		mmol/L	3.5-5.2
Chloride, Serum	91	L	mmol/L	97-108
Carbon Dioxide, Total	18	L	mmol/L	20-32
Verified by repeat analysis				
Calcium, Serum	8.8		mg/dL	8.7-10.2
Protein, Total, Serum	7.8		g/dL	6.0-8.5
Albumin, Serum	4.0		g/dL	3.5-5.5
Globulin, Total	3.8		g/dL	1.5-4.5
A/G Ratio	1.1			1.1-2.5
Bilirubin, Total	0.8		mg/dL	0.0-1.2
Alkaline Phosphatase, S	56		IU/L	25-150
AST (SGOT)	34		IU/L	0-40
ALT (SGPT)	21		IU/L	0-55

Procedure: Urinalysis, Complete

Specific Gravity	1.028			1.005-1.030
pH	5.5			5.0-7.5
Urine-Color	Yellow			Yellow
Appearance	Cloudy	A		Clear
WBC Esterase	1+	A		Negative
Protein	1+	A		Negative/Trace
Glucose	Negative			Negative
Glucose Reflex				
Ketones	Trace	A		Negative
Occult Blood	Negative			Negative
Bilirubin	Negative			Negative
Urobilinogen, Semi-Qn	0.2		mg/dL	0.0-1.9
Nitrite, Urine	Negative			Negative
Microscopic Examination	See below:			

Procedure: Microscopic Examination

WBC	>30	A	/hpf	0 - 5
RBC	0-3		/hpf	0 - 3
Epithelial Cells (non renal)	0-10		/hpf	0 - 10
Epithelial Cells (renal)				
Casts	Present	A	/lpf	None seen
Cast Type	Hyaline casts			N/A

Print Date: 07/21/2011 07:53

Page: 2/4

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Ordering

Physician : ORIG, TITO
 Facility : HUTCHINS (HJ)
 1500 E. LANGDON RD
 HUTCHINS TX 75241

Test Name	Result	ABN Flag	Unit	Reference Range
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Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 07/20/2011 08:42:00

Crystals

Crystal Type

Mucus Threads

Present

Not Estab.

Bacteria

Few

None seen/Few

Yeast

Trichomonas

Comment

Procedure: Urinalysis, Complete

Microscopic Examination

Procedure: Lipid Panel

Cholesterol, Total 157 mg/dL 100-199

Triglycerides 195 H mg/dL 0-149

HDL Cholesterol 16 L mg/dL >39

According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.

VLDL Cholesterol Cal 39 mg/dL 5-40

LDL Cholesterol Calc 102 H mg/dL 0-99

Procedure: Panel 083824

HIV 1/0/2 Abs-Index Value <1.00 <1.00

Index Value: Specimen reactivity relative to the negative cutoff.

HIV 1/0/2 Abs, Qual Non Reactive Non Reactive

Procedure: Hgb Alc with eAG Estimation

Hemoglobin Alc 6.2 H % 4.8-5.6

Increased risk for diabetes: 5.7 - 6.4

Diabetes: >6.4

Glycemic control for adults with diabetes: <7.0

Estim. Avg Glu (eAG) 131 mg/dL

Procedure: TSH

TSH 2.860 uIU/mL 0.450-4.500

Procedure: RPR

RPR Non Reactive Non Reactive

L Low, H High, C Critical, * Abnormal Alpha

Print Date: 07/21/2011 07:53

Page: 3/4

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Physician : ORIG, TITO

Facility : HUTCHINS (HJ)

1500 E. LANGDON RD

HUTCHINS TX 75241

Test Name	Result	ABN Flag	Unit	Reference Range
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Patient Name: MCCOLLUM,LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 07/20/2011 08:42:00

Print Date: 07/21/2011 07:53

Page: 4/4

Electronically Signed by ORIG, TITO M. M.D. on 08/03/2011.

##And No Others##

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DATE INTERVIEWED: 7/18/11 7-15
 Screener's Initials: SKB

TDCJ OFFENDER INTAKE PROCESSING PSYCHOLOGICAL SCREENING INTERVIEW

NAME: McCollum, Larry Gene TDCJ #: 1721640
 DOB: 4/4/53 AGE: 58 GENDER: ☒ MALE ☐ FEMALE
 PLACE OF BIRTH: Enid, OK RACE: ☒ CAUCASIAN
 PRIOR TDCJ #: 1105534 ☐ AFRICAN AMERICAN
 PRIOR TDCJ INCARCERATIONS: ☒ YES ☐ NO ☐ HISPANIC
 PRIOR ASSIGNMENT TO CTC: ☐ YES ☐ NO ☐ OTHER: _____
 PRIOR ASSIGNMENT TO DDP: ☐ YES ☐ NO
 ON PSYCH. SERVICES CASELOAD: ☐ YES ☐ NO

CURRENT OFFENSE: Forgery (1) (12 mos.)

SPECIAL CONSIDERATIONS FOR INTERVIEWS:

- ☒ NONE
☐ SPANISH-SPEAKING ONLY
☐ HEARING/VISUAL IMPAIRED
☐ WHEEL-CHAIR/OTHER SIGNIFICANT MOBILITY PROBLEM
☐ SECURITY RISK: _____
☐ OTHER: _____

OTHER GENERAL COMMENTS:

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YES NO

1. HOW ARE YOU FEELING?

Rough. Adjusting.

2. HAVE YOU EVER HAD ANY KIND OF MENTAL, EMOTIONAL, OR NERVE PROBLEMS?

DID YOU GET ANY TYPE OF COUNSELING?

yes

FROM WHOM? (IF APPLICABLE)

WHAT WAS IT FOR?

WHEN WAS IT?

WHERE WAS IT?

Buster Cole - transferred to Skyview #4 below

3. HAVE YOU EVER TAKEN MEDICINE(S) PRESCRIBED FOR YOUR:

☐ NERVES☐ MENTAL PROBLEMS☐ EMOTIONAL PROBLEMS?

SPECIFY THE MEDICATION:

Zoloft, etc.

WHEN DID YOU TAKE THIS MEDICATION?

2009

BY WHOM WAS IT PRESCRIBED?

☐ PSYCHIATRIST☐ PHYSICIAN☐ OTHER:thinks

CURRENT PSYCHOTROPIC MEDICATION:

- 0 -nothing

4. HAVE YOU EVER BEEN A PATIENT IN A MENTAL HOSPITAL?

WHY?

Depression - Loss of family members

WHEN?

WHERE?

Skyview - 2002-04

WAS IT:

☐ COURT COMMITMENT

OR

☐ VOLUNTARY?

5. HAS ANY MEMBER OF YOUR FAMILY EVER HAD MENTAL OR EMOTIONAL PROBLEMS?

WHAT TYPE?

6. HAVE YOU EVER HAD A HEAD INJURY OR SEIZURE?

SPECIFY:

7. HAVE YOU EVER TRIED TO HURT YOURSELF OR COMMIT SUICIDE?

HOW MANY TIMES?

HOW?

☐ CUT ARM / WRIST☐ HANGING☐ OD'ed ON☐ OTHER

WHEN?

WHY?

WAS MEDICAL ATTENTION REQUIRED?

☐ YES☐ NO

8. HAVE YOU EVER HURT YOURSELF ON PURPOSE WHEN YOU WERE NOT TRYING TO COMMIT SUICIDE?

HOW?

9. ARE YOU THINKING ABOUT HURTING OR KILLING YOURSELF NOW?

10. DO YOU HEAR THINGS THAT OTHER PEOPLE DO NOT HEAR?

SPECIFY:

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YES NO

- ☐ ☒ 11. DO YOU SEE THINGS THAT OTHER PEOPLE DO NOT SEE?

SPECIFY: _____

- ☐ ☒ 12. DO YOU BELIEVE THAT YOU HAVE ANY SPECIAL GIFTS OR SUPER POWERS THAT OTHERS DO NOT HAVE?

WHAT KIND? _____

13. WHAT KIND OF DRUGS DID YOU EXPERIMENT WITH OR USE ON A REGULAR BASIS?

☐ NONE ☐ BARBITURATES ☐ METHAMPHETAMINE (SPEED)
☐ HEROIN ☐ ACID ☐ INHALANTS
☐ COCAINE ☐ HASH ☐ ALCOHOL *quit 10 yrs. ago*
☐ MARIJUANA ☐ PCP ☐ OTHER _____

14. WHAT WAS THE LAST GRADE YOU COMPLETED IN SCHOOL? GRADE _____

WHERE ☒ USA☐ MEXICO☐ OTHER: _____

DO YOU HAVE A.

☒ HIGH SCHOOL DIPLOMA ☐ GED

- ☒ ☐ 15. WHILE IN SCHOOL, WERE YOU EVER IN SPECIAL CLASSES?

WHY? *D.E. Worked 1/2 day*WHAT GRADE(S)? *12*

- ☐ ☒ 16. WERE YOU EVER PLACED IN A JUVENILE DETENTION CENTER, BOY'S HOME OR OTHER GROUP HOME?

WHY? _____

- ☐ ☒ 17. HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE COMMONLY CONSIDERED TO BE IN THE CATEGORY OF SEXUAL OFFENSES?

IF YES, SPECIFY: _____

- ☐ ☒ 18. HAVE YOU EVER, WITH LITTLE OR NO PROVOCATION, EXPERIENCED LOSS OF CONTROL OF YOURSELF THAT RESULTED IN SERIOUS ASSAULT TO SOMEONE OR DESTRUCTION OF PROPERTY?

- ☐ ☒ 19. HAVE YOU EVER BEEN A VICTIM OF CRIMINAL VIOLENCE? IF YES, SPECIFY:

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BEHAVIORAL OBSERVATIONS

APPEARANCE: ☒ UNREMARKABLE ☐ DISHEVELED ☐ ODD
HYGIENE: ☒ GOOD ☐ FAIR ☒ POOR B.O.
INTERACTION: ☒ COOPERATIVE ☐ LIMITED ☐ UNCOOPERATIVE
MOTOR BEHAVIOR: ☒ WITHIN NORMAL LIMITS ☐ RESTLESS ☐ DID NOT MOVE
☐ _____
SPEECH: ☐ CLEAR ☐ MUMBLES ☐ SPEECH IMPEDIMENT
RATE: ☒ SPONTANEOUS ☐ FAST ☐ _____
MOOD: ☐ WITHIN NORMAL LIMITS ☒ SAD Heavy-eyed ☐ IRRITABLE
☐ UNUSUALLY HAPPY ☒ ANXIOUS ☐ FRIGHTENED
☒ SILLY ☐ _____
ALERTNESS: ☒ ALERT ☐ CONFUSED ☐ DAZED ☐ DISTRACTED

▼ **This section must be completed by a Qualified Mental Health Professional** ▼DISPOSITION – REFERRED FOR FURTHER EVALUATION ☒ YES ☐ NO

REASON FOR REFERRAL:

- ☐ DISPLAYED SYMPTOMS OF PSYCHIATRIC ILLNESS
☒ HISTORY OF MENTAL HEALTH TREATMENT
☐ CURRENT SUICIDAL IDEATION
☐ PRIOR SUICIDAL GESTURE(S)
☐ DISPLAYED UNUSUAL BEHAVIOR
☐ AFFECTIVE DISTRESS NOTED
☐ UNUSUAL NATURE OF OFFENSE
☐ HIGH RISK FOR ADJUSTMENT PROBLEMS
☐ OTHER: _____

MENTAL HEALTH APPRAISAL COMPLETED BY:

J. Smith, MA
 Mental Health Clinician

PRINTED NAME

SIGNATURE

JS

DATE

7/19/11

NURSING ASSESSMENT PROTOCOL

for

FUNGAL INFECTIONS

(Athletes Foot, Jock Rash, Ringworm)

Name: McCollum, Larry TDCJ#: 1105538 Date: 3/12/03 Time: 1500
 Facility of Assignment: Cole Work Assignment: no job
 Current Medications: Zalost, Naproxen, nortriptyline
 Allergies: (Food, drug, other) N/A

Circle all items that are appropriate and/or complete all blanks.

SUBJECTIVE DATA

1. Onset: several months
2. Cause of Rash: unknown
Description: dry, cracking of heels & under toes
3. Itching/Burning: N/Y
4. Alleviating factors: soaks/meds.
5. Aggravating factors: Wetness

OBJECTIVE DATA

NOTE: Observe all skin eruptions for signs of honey-colored crusts, circular lesions. If present, refer patient to MD/MLP for evaluation of possible staph infection.

- 237 4X
1. T 98.6 P 70 R 20 B/P 128/76
 2. Location of lesions(s):

	Left	Right	Bilateral
Arms	___	___	___
Hands	___	___	___
Legs	___	___	___
Feet	___	___	___
Groin	___	___	___
Trunk	Anterior ___	Posterior ___	___
Scalp	___	___	___

3. Skin Appearance/Lesion Description:

Redness	Swelling	Circular
Cracking	Papules	Linear
Scaling	Macules	Scattered

4. Drainage:

None Purulent: ___ Serous: ___ Bloody: ___

Comments:

Foot soaks

NURSING ACTION:

If based upon your collection of the above data, a registered nurse's professional judgement is required or you have any question about how to proceed, you must consult with a registered nurse while the patient is still on site. Otherwise, proceed with protocol.

TREATMENT PLAN

- 3/12/03 AHCM
- Antifungal Cream 1%-apply bid topically to affected area for 30 days. Patient may keep medication on person (issue from stock) SW (initial)
 - Instructions for use of cream: Use cream sparingly and evenly, only apply to the affected skin. If symptoms worsen, stop using cream, and submit sick call request.

Refer to Physician/Midlevel Practitioner immediately if:

- Unsuccessful treatment using antifungal cream
- Open lesions
- Sign of infection or drainage.

PATIENT INSTRUCTIONS:

- Encourage exposure to air when possible.
- Wear shower shoes in shower.
- Keep feet dry between showers, wash feet thoroughly, make sure feet are properly dry, especially between and under toes.
- Remind patient that it takes 3-4 weeks for infection to clear.

Nurse Signature

Qu'atkins 3/12/03

Date

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, Larry
 TDCJ No.: 1105538
 Unit: CL

Date & Time

Notes

3/11/03

HSA Rec'd 3/11/03 9/0 cracks on feet

Scheduled HSC 3/12/03

DPHilligSR

3/12/03

Change HSM-18, Add II-B. Remove II-C.

1415

BILLY D. BURLESON, PSY. D. ~~ADD~~

3/12/03

notes

DPHilligSR

3/12/03

1600/Admeterso spake BPD x 7 days.

ea foot. T/O Raff MD / DWatkins L/V

sign

3/12/03

1608/ notes off.

AM 3/12/03 11:00
899520182892

DPWatkins L/V

3/14/03

cht Rew

last seen by us 4/21/03

last had LIFTING WB 2/2 3/6/03.

3/14/03

A good evidence of injury LBP

P HSM 18 No T/O, W 7,

T/O 9 - 50 lb

BARRY RAFF MD

AM
PM

m

3-14-03/1210/ notes Denanda 9

NURSING ASSESSMENT PROTOCOL FOR SKIN ERUPTIONS, BOILS AND ABSCESES

Name: McCOLLUM, LARRY TDCJ#: 1105538 Date: 3-10-03 Time: 1450
 Facility of Assignment: CL Work Assignment: UTILITY SQ
 Current Medications: SERTRALINE / NORTRIPTYLINE, NAPROXEN, ANTACID
 Allergies: (Food, drug, other) _____

Circle all items that are appropriate and/or complete all blanks.

SUBJECTIVE DATA

1. Significant medical history: bumps on buttocks
2. Onset: 2 wks
3. Type of lesion, location, and course: bumps on butt
4. History of similar problems: (N) Y
 Prior treatment: N/A

NURSING ACTION:

If based upon your collection of the above data, a registered nurse's professional judgement is required or you have any question about how to proceed, you must consult with a registered nurse while the patient is still on site. Otherwise, proceed with protocol.

Refer to Physician/Midlevel Practitioner immediately if patient is immunocompromised.

TREATMENT PLAN:

- ▶ NO Refer any patient with skin eruptions (eczema, seborrhea, psoriasis) or boils, abscesses or other draining skin lesions to the Physician/Midlevel Practitioner for next day evaluation.
- ▶ Obtain wound culture and sensitivity on any open, draining skin lesion immediately.
- ▶ Apply a dry, sterile occlusive dressing to any open, draining boil, abscess, or skin lesion.
- ▶ Instruct patient to leave draining skin lesions covered, to minimize scratching of lesions, and to wash hands with soap and water after touching draining skin lesions.
- ▶ Provide pass for patient to return to medical department for daily dressing changes and antibiotic administration, as ordered by the physician. Observe the lesion(s) for clinical response to therapy and document in the health record.
- ▶ Antibiotic therapy for patient with methicillin resistant staph aureus (MRSA), must be administered in the medical department via Directly Observed Therapy (DOT).

OBJECTIVE DATA

(NOTE: Always use gloves to examine skin lesions) WT 237#

1. T 97 F 66 R 19 B/P 144/85
2. Skin appearance:
Macules Papules Vesicles Pustules
 Erythema Abscesses Excoriations
3. Location & size of lesion(s) (use ruler to measure)
2 to 3 mm macules in various stages of healing - mostly dried up
4. Drainage:
 Amount NO Location φ
 Color/consistency φ
5. Pain or tenderness to touch? (N) Y

Comments: see clinical notes

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISIONName: McCollum, Randy
TDCJ No.: 1105538
Unit: Cole

Date & Time	Notes
2/24/03 1645	USA Rec'd 2/24/03 Asking about glasses & wanting antacids increased Chart will go to provider to eval V.A. Chart to provide requesting 1 of antacids DPhillipsRN
2-25-03 0735	Antacid Compliance to provider m. Black RN, 2nd
2-25-03 1230	Antacid Compliance 2/25 = 80% Rx: Take compliance ^{antacids} as directed Bid m. Black RN, 2nd
2/25/03 1240	noted DPhillipsRN
3-6-03 1910	S- walkin to clinic c/o pain to (R) side of back, "I've been lifting wts. for about 1wk ... probably over did it.. TOOK 4 APAP" O- wt 236#, 97°F, 139/83 BP, P63, R20 - limp into medical - into BP chair 5 grimace, 5 difficulty A- all in comfort - subj P- warm pack to back, instruct to continue naproxen (left p 10 min c warm pack) J. Home RN
3/8/03 1745	1-60 Rec'd 3/8/03 c/o rash Scheduled NSC 3/10/03 DPhillipsRN
3-10-03 1450	FOR NSC - SEE PROTOCOL - TPO TAO 1/2 pack to skin BID X 7 DAYS - KOP - GIVEN B. Raff MD / J. Home RN

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

APPENDIX 1220

McCollum 05803

J0174

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

STEPHEN MCCOLLUM, *et al.*,
Plaintiffs,

v.

BRAD LIVINGSTON, *et al.*,
Defendants.

§
§
§
§
§
§
§
§
§

CIVIL NO. 4:14-CV-3253

Exhibit 35

BUSINESS RECORDS AFFIDAVIT

STATE OF TEXAS

§
§
§

COUNTY OF WALKER

BEFORE ME, the undersigned authority, personally appeared, Kelli Ward, who, being duly sworn by me, deposed as follows:

“My name is Kelli Ward. I am over 18 years of age, of sound mind, capable of making this affidavit, and have personal knowledge of the facts herein stated:

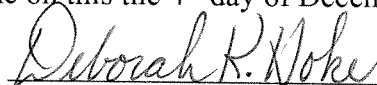
I am employed as the Deputy Administrator of Offender Grievance for the Texas Department of Criminal Justice (TDCJ). I am the custodian of the Offender Grievance Records for the TDCJ, and these records were kept by the Texas Department of Criminal Justice in the regular course of business, and it is the regular course of business for an employee or representative of the Texas Department of Criminal Justice, with knowledge of the act, event, condition, or opinion, recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. I have reviewed the grievance records filed by offenders at the Hutchins Unit, Cause Number 3:12CV02037, relating to *to heat, high temperature, or heat index for the time period of July 2010 to the present.*

“The records attached hereto are the original or exact duplicates of the originals.”

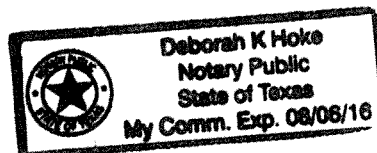


Kelli Ward
Deputy Administrator, Offender Grievance
Texas Department of Criminal Justice

SWORN TO AND SUBSCRIBED before me on this the 4th day of December, 2012.



NOTARY PUBLIC in and for
The State of Texas





Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 201147077Date Received: APR 28 2011Date Due: 06-07-2011Grievance Code: 506Investigator ID #: J1340Extension Date: —Date Retd to Offender: 06-07-2011

Offender Name: Jeremy Campbell TDCJ # 1676046
 Unit: Hutchins Housing Assignment: K2.C1
 Unit where incident occurred: Hutchins State Jail

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? more than one K-Building Co's When? The past

What was their response? A work order has been filed

What action was taken? No action has been ~~taken~~ taken

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

The air conditioning system in K2 has not worked since I've been in here. I was in K5D and the AC worked in there, don't know why they would move us from one dorm that has air conditioning, to one that ~~doesn't~~ doesn't, it doesn't make any sense. It has been hot, stuffy, & uncomfortable at all times of the day. We continue to use the same air over and over again, some times it's hard to breathe in here. I have real bad anxiety attacks and this hot air is not helping! The air we breathe in here is bad for our health and it ~~doesn't~~ doesn't meet jail standards, the industrial fan only pushes hot air, staff infections come from not having enough ~~cold~~ cold air, cold air kills germs. It seems like you are not pressing this issue, you could have already had it fixed, you don't understand how we ~~feel~~ feel, you don't have to live back here. I would greatly appreciate it if you would consider fixing this issue.

Thanks Jeremy Campbell

Action Requested to resolve your Complaint.

I would like the air conditioning to be fixed.

Offender Signature: Jeremy Campbell

Date: 4-25-11

Grievance Response:

Your complaint is noted. A maintenance work order (#4518) was issued May 27, 2011. Work order (#4518) was closed May 31, 2011. Therefore, K2 air condition has been repaired.

Signature Authority: Baldwin Pch

Date: 6/6/11

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Signature: _____

I-127 Back (Revised 9-1-2007)

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 1

OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2010186192Date Received: JUN 29 2010Date Due: 08-08-2010Grievance Code: 506Investigator ID #: J1940Extension Date: 09-14-2010Date Retd to Offender: 08-10-2010

Offender Name: Billy Cantrell TDCJ # 1642193
 Unit: Hutchins Housing Assignment: KIA-06 KUB18
 Unit where incident occurred: Hutchins

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? MR clark & mrs morris When? 6-24-10-6-23

What was their response? we called and wrote it up for x all

What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

I Billy Cantrell #1642193 want to write up maintenance ~~at~~
 Department our air Blows cold one minute then hot the
 next its really hard to sleep in here in ad seg at night
 time I got claustrophobia as it is But with it hot its worse
 please cheack into this matter thank you very much!!